Mental Welfare Commission for Scotland

Report on unannounced visit to:

Lochlea, 15-17, Station Road, Mauchline, East Ayrshire, KA5 5ES

Date of visit: 8 November 2022

Where we visited

Due to the Covid-19 pandemic, the Commission has had to adapt their local visit programme in accordance with Scottish Government guidance. There have been periods where we have carried out face-to-face visits or virtual visits during the pandemic. We continually review Covid-19 guidance and carry out our visits in a way which is safest for the people we are visiting and our visiting staff. This local visit was carried out face-to-face.

Lochlea is a 12-bedded mixed-sex step-down ward for patients moving from the Ayr Clinic, an independent psychiatric hospital that provides low secure facilities for patients with a mental illness, mild learning disability, personality disorder or acquired brain injury. One bedroom is in a self-contained flat, annexed to the main building. On the day of our visit there were 12 patients in the service.

Lochlea opened in 2018 as a 10-bedded specialist mental health recovery and rehabilitation service. It had a clear focus on a stepped and gradual move towards greater independence under the support, supervision and risk management of a consultant psychiatrist and a multi-disciplinary team.

We last visited this service on 10 November 2021 and made no recommendations.

Who we met with

We met with, and reviewed the care of five patients, four of whom we met with in person and on whose care notes we reviewed.

We spoke with the director of clinical services, a senior staff nurse, and the medical director who is also one of the consultant psychiatrists with patients in Lochlea.

In addition, we met with a trainee psychologist who works at Lochlea two days per week.

Commission visitors

Mike Diamond, social work officer

Mary Leroy, nursing officer

What people told us and what we found

Care, treatment, support and participation

Patients told us that nursing and health care staff were very approachable and kind. They were positive in their ability to access staff during the day. All of the patients we spoke with on the day of the visit were positive about their experience and the support they received at Lochlea. Patients liked the relaxed surroundings and commented that they were well supported by staff. However, we also heard from some staff and patients that on occasions, there were fewer staff available which affects the service offered.

We discussed this with management who were present during our visit. We heard of the current staffing vacancies at Lochlea, where the service needs to have an additional two staff nurses and three health care assistants. There were four patients who require to be escorted due to the complexity of their health, and with fewer staff than needed, this had an impact on their care. We also considered the travel time/delay that is incurred when Ayr Clinic staff need to attend Lochlea for any emergency; we felt that this issue required to be addressed as soon as possible.

We looked at the computerised recording system and saw evidence of detailed record keeping. This was particularly good in relation to the care programme approach (CPA) documentation, and the individual care reviews (ICR). We could see those who had attended and actions that were allocated to specific members of the clinical team. The CPA meetings took place every six months and the ICR's every four weeks. It was clear that each care plan was reviewed at every ICR event which demonstrated how comprehensive the system was.

From our recent visit to Ayr Clinic (Gatehouse), we noted that an advertised occupational therapist (OT) and OT Assistant posts for 20 hours had been recruited to, and they now work across Gatehouse and Lochlea wards. This has improved the activities offered to patients in each setting, and assists the service to focus on recovery and discharge planning.

We found examples of detailed and person-centred care plans that addressed the full range of care for mental health, physical health, and the individual's health and wellbeing. On this occasion, we found the care plans evidenced patient involvement. We saw that physical health care needs were being addressed and followed up appropriately.

The Commission has published a good practice guide on care plans. It is designed to help nurses and other clinical staff create person-centred care plans for people with mental ill health, dementia or learning disability, and can be found at:
https://www.mwcscot.org.uk/node/1203

Recommendation 1:
Managers should actively review and recruit to the vacant staff posts to support the model of care.

Use of mental health and incapacity legislation

On the day of our visit, all patients in the ward were detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). The patients we met with during

our visit had a good understanding of their detained status, where they were subject to detention under the Mental Health Act.

We reviewed all documentation pertaining to the Mental Health Act, and the Adults with Incapacity (Scotland) Act 2000 (AWI), including certificates around capacity to consent to treatment; we found that these were in place in the paper files and were up to date. One patient was subject to a guardianship under the AWI, which was appropriate for the individual.

Part 16 of the Mental Health Act sets out the conditions under which treatment may be given to detained patients, who are either capable or incapable of consenting to specific treatments. We examined the consent to treatment certificates (T2) and certificates authorising treatment (T3) under the Mental Health Act were in place where required, and corresponded to the medication being prescribed. We found that all T3s had been completed by the responsible medical officer to record non-consent; they were available and up to date.

Rights and restrictions

As a low secure ward, Lochlea continues to operate a locked door, commensurate with the level of risk identified with the patient group. During our visit we found comprehensive and contemporaneous risk assessments for individual patients. Patients that we spoke with on the day were aware of their restrictions.

Where specified person restrictions were in place under the Mental Health Act, we found reasoned opinions in place. Sections 281 to 286 of the Mental Health Act provides a framework in which restrictions can be placed on people who are detained in hospital. Where a patient is a specified person in relation to this and where restrictions are introduced, it is important that the principle of least restriction is applied.

A number of patients in Lochlea were subject to additional restrictions that were authorised in line with the requirements for a 'specified person; under the Mental Health Act. Those patients had been formally notified of the reasoned opinion for this, and for additional restrictions; we found this to be well recorded at Lochlea.

Our specified persons good practice guidance is available on our website at:
https://www.mwcscot.org.uk/node/512

Independent advocacy services were available for patients from their current provider by means of a phone service. A new provider will commence in January 2023 and is based in Kilmarnock.

When we are reviewing patient files we look for copies of advanced statements. The term 'advanced statement' refers to written statements made under ss274 and 276 of the Mental Health Act, and is written when a person has capacity to make decisions on the treatments they want or do not want. Health boards have a responsibility for promoting advance statements. Advance statements were noted in the care files.

The Commission has developed *Rights in Mind.* This pathway is designed to help staff in mental health services ensure that Patients have their human rights respected at key points

in their treatment. This can be found at:
https://www.mwcscot.org.uk/law-and-rights/rights-mind

Activity and occupation

We noted some patients had experience of going to a gardening project which they enjoyed on a weekly basis. Others spoke positively of in-house activities including, massage, yoga, art, and guitar sessions. We were shown some impressive artwork completed by a few of the patients.

During our visit, we heard directly about the impact of the OT vacancy on the range of activities that were available on a regular basis. We have since been advised that these post have now been filled which will improve important rehabilitative opportunities.

There is also psychologist and trainee psychologist input for two days per week, for the patient group. One patient we spoke with expressed a positive experience from this work. Some have benefitted from anger and anxiety management, as well as cognitive behavioural therapy.

The physical environment

Lochlea was previously a nursing home and is located on the south of the town of Mauchline in East Ayrshire. It required considerable refurbishment to provide the quality accommodation it now offers. There are now 11 en-suite bedrooms in the main period building and one self-contained ground floor flat as an annexe of the main building. The latter provides more independence for any patient ready for transition into the wider community. This is a good use of the resource. Five of the bedrooms are upstairs and six of the bedrooms are downstairs.

On the day we visited, staff from other Priory services were using the training room which is independently accessed from the side of the building thus avoiding unnecessary visitors to the main building. This has its own discrete kitchen area that we also used to interview patients. This area also doubles as a staff room. The training room is used for their multidisciplinary meeting room, and for any CPA meetings.

There is a secure garden to the rear of the building with evidence of some gardening activities involving patients and staff. There is also a greenhouse for patients to use.

Any other comments

We were informed by the director of clinical services that the Ayr clinic have employed a dedicated human resources worker to actively recruit to the vacant posts identified earlier. In addition they are considering recruiting from overseas due to the scarcity of suitable applicants.

Summary of recommendations

Recommendation 1:
Managers should actively review and recruit to the vacant staff posts to support the model of care.

Service response to recommendations

The Commission requires a response to this recommendation within three months of the date of this report.

A copy of this report will be sent for information to Healthcare Improvement Scotland.

Claire Lamza
Executive director (nursing)

About the Mental Welfare Commission and our local visits

The Commission's key role is to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

The Commission visits people in a variety of settings.

The Commission is part of the UK National Preventive Mechanism, which ensures the UK fulfils its obligations under UN treaties to monitor places where people are detained, prevent ill-treatment, and ensure detention is consistent with international standards

When we visit:

- We find out whether individual care, treatment and support is in line with the law and good practice.
- We challenge service providers to deliver best practice in mental health, dementia and learning disability care.
- We follow up on individual cases where we have concerns, and we may investigate further.
- We provide information, advice and guidance to people we meet with.

Where we visit a group of people in a hospital, care home or prison service; we call this a local visit. The visit can be announced or unannounced.

In addition to meeting with people who use the service we speak to staff and visitors.

Before we visit, we look at information that is publicly available about the service from a variety of sources including Care Inspectorate reports, Healthcare Improvement Scotland inspection reports and Her Majesty's Inspectorate of Prisons inspection reports.

We also look at information we have received from other sources, including telephone calls to the Commission, reports of incidents to the Commission, information from callers to our telephone advice line and other sources.

Our local visits are not inspections: our report details our findings from the day we visited. Although there are often particular things we want to talk about and look at when we visit, our main source of information on the visit day is from the people who use the service, their carers, staff, our review of the care records and our impressions about the physical environment.

When we make recommendations, we expect a response to them within three months (unless we feel the recommendations require an earlier response).

We may choose to return to the service on an announced or unannounced basis. How often we do this will depend on our findings, the response to any recommendations from the visit and other information we receive after the visit.

Further information and frequently asked questions about our local visits can be found on our website.

Contact details

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

Tel: 0131 313 8777
Fax: 0131 313 8778
Freephone: 0800 389 6809
mwc.enquiries@nhs.scot
www.mwcscot.org.uk